

BORROWER FINANCIAL INFORMATION

LOAN # _____ email address: _____

BORROWER

CO-BORROWER

BORROWER'S NAME		DATE OF BIRTH		CO-BORROWER'S NAME		DATE OF BIRTH	
SOCIAL SECURITY #		HOME PHONE #		WORK PHONE #		SOCIAL SECURITY #	
MAILING ADDRESS				PROPERTY ADDRESS			
Do you occupy the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is it a rental? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, what is monthly rental income?			
Is the property listed for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No				Agents Name:			
If so, with whom:				Agent's Phone:			
Have you contacted your credit counseling services for help? <input type="checkbox"/> Yes <input type="checkbox"/> No				Counseling Representative:			
				Counseling Rep's Phone:			
Do you pay Real Estate Taxes? (outside of mortgage payments) <input type="checkbox"/> Yes <input type="checkbox"/> No				Are the taxes current? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Filing Date:		Attorney's Name:		Are there other liens on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 13				Attorney's Phone:			

EMPLOYMENT

EMPLOYER: BORROWER	HOW LONG?	EMPLOYER: CO-BORROWER	HOW LONG?

Monthly Income - Borrower

Monthly Income Co-Borrower

Wages	\$	Wages	\$
Unemployment Income	\$	Unemployment Income	\$
Child Support / Alimony	\$	Child Support / Alimony	\$
Disability Income	\$	Disability Income	\$
Rents Received	\$	Rents Received	\$
Other (Please Specify)	\$	Other (Please specify)	\$
Less Federal and State Tax, FICA	\$	Less Federal and State Tax, FICA	\$
Less Other Deductions (401K, etc.)	\$	Less Other Deductions (401K, etc.)	\$
Total	\$	Total	\$

Monthly Expenses

Assets

Other Mortgages / Liens	\$	Type	Estimated Value
HOA Dues (If any)	\$	Home	\$
Auto Loan(s)	\$	Other Real Estate	#
Auto Expenses / Insurance	\$	Checking Account(s)	\$
Credit Cards / Installment Loan(s)	\$	Savings	\$
Health Insurance	\$	Money Market	\$
Medical	\$	Cars	#
Child Care / Support / Alimony	\$	IRA / Keogh Accounts	\$
Food / Spending Money	\$	401K / ESPO Accounts	\$
Water / Sewer / Utilities / Phone	\$	Stocks / Bonds / CDs	\$
Other (Please Specify)	\$	Other (Please specify)	\$
Total	\$	Total	\$

* Please briefly explain your hardship or reason for being delinquent: _____

"I agree as follows: My lender may discuss, obtain and share information about my mortgage and personal financial situation with third parties such as purchasers, real estate brokers, insurers, financial institutions, creditors and credit bureaus. Discussions and negotiations of a possible foreclosure alternative will not constitute a waiver of or a defense to my lender's right to commence or continue any foreclosure or other collection action, and an alternative to foreclosure will be provided only if an agreement has been approved in writing by my lender. The information herein is an accurate statement of my financial status."

Submitted this _____ day of _____

By _____ Date _____
Signature of Borrower

By _____ Date _____
Signature of Borrower

Before mailing, make sure you have signed and dated the form and attach a copy of your most recent paystubs and bank statement(s) of your checking and/or savings account to it.